

MADISON AVENUE ORTHOPAEDIC  
ASSOCIATES, P.C.N. Bondi, M.D.  
E. Adler, M.D.R. Goldstein, M.D.  
Steven Struhl, M.D.

1245 Madison Avenue · New York, New York 10128

MAY 31 1996

Still in pain in low back

Humer, low, pain &amp; both legs (R) &gt; (L)

Wrist Sx @ 30-40° S/S

Rx: Medrol 1000 PRN

Neoten ES

Flexum

RTO - 2W

TDW

6-11-96 Sign &amp; Lef Bo Blot.

DE Bifur

Sx to 30°

new g.

Rx: 1) Bed Rest.

2) Reg Stab

Auto repair SIRT

&amp; laminectomy

Sent Stab to 189 Church St

RTO - 1W

TDW

6-18-96 Still Sign &amp; Lef Bo Blot

modified

Sx to

new g.

TDW

COS278

Reg Stab auto for SIRT & laminectomy  
if + RTO Pub 189 St

Have leg. auth for MRI & low back.

low pain, low - Spine

Also auth for UE Emerg

Cont same to

Ultrasound

Send report to Dr. King,  
Brecher et al.

8/18/96 - had hearing - i they want pt to  
see a neurologist -

Still in pain low back low

4 leg. auth for MRI & low back

2 leg. auth for UE Emerg's

Ultrasound

RTO - low

9-24-96 8<sup>30</sup>

9/24/96 Has hearing 10/18/96 - at 1030

were get it changed to afternoon

Still sympt - Saw Neurologist - Dr. King!

Pain in L.B. - Spine, low back - pain on left

Strides, - can't get up easily, pain @ CE  
& one @ CE.

Needs Ceph for MRI & L.C.

Needs Auth for UE Emerg's - pain severe

Hearing 10/18/96

Ret 10-29-96 8<sup>30</sup>

006279

10-29-96 Percly + Hands Percly  
wears Splint

DE Def km by  
Slt + Bilab's 0.

new  
hands + Tinel + Phalen  
test

R x 1) JMT Clasp  
2) Jny. Battle Hand -  
for C.T. Snyder  
H/Ting

RetC - 1273 Could not  
come on 12/3  
12-20-96

12/10/96 - has leaves Jan 28 - 130 -

And in Jan. Unable to work

Jan CB & both hands, wearing Splint  
Rk back - Jan, Low He / CB  
SMT @ Wt. 600

new y.

hand - (P) tines & Phalen

Rx by new C.S.

Sheep - both hand for CTS

Ultrasound, Dympro 600 - Smt 310

TDR

PDO - GW

Ret X 3197 80%

005280

1/21/97 - has hearing - 1/28/97

Co - 1. Pain L.B. - pad to legs

2. Pain both hands - can't write  
with (R) hand -

3. Numbness both hands (R) & (L)

4. Numbness (L) 4th F

PE 1. (L) phalanges & tendons both hand

2. Span L.S. - 82R to 60° bed. Thumbs up

PE - 1. C.S. Support

2. Reg. auth for more C.S.

3. Reg. auth for Aug's - NCT both UE

4. Helman, Deepio, Loma

PPO - 4th

2-26-97

TDNW

8:30

1/28/97 Comp Counsel

Judge gave auth for more C.S. & Aug's.  
722 50000

2/14/97 - Judge Kater gave auth - for more C.S. & 2

more - C.S. -

Auth given in wrists & elbow (L)

Will get both more & Aug's - NCT

PPO - Off to work

CO5881

2/26/97 - Still no auth for Euer & me  
 told pt to call Mr Romano - his action  
 to contact Judge Katz  
 to see me in Zurich (at) 3-26-97

3/26/97 - Phil haven't got auth for MRI & Euer  
 Pt to write to Corp, Judge Katz & others  
 RTO - SW (at) 4-16-97 8:30

7/17/97 - has auth from SIF for MRI of back  
 Phil in par  
 R - MRI - L.S.

RTO - Hester (ME 7/18/97) call  
 San app

10/7/97 - (F) MRI - HRP - L.S. on (C)  
 Corp not paying beds  
 feed Corp of HRP under & pay auth  
 for program  
 Cant sit

litte  
 Weber, Smith, Rogers  
 (cc) (cc) (cc)

RTO - tw

X2

11495

PT Still sympt by Bo Blot  
Dylen

SLR to 30°

Insulin

Newy

Regault for Sugar

rept

Soma Euphy

Duped

RC: 1 mo

12/1/97 - Still in pain in head & low back

Curative date for hearing

① more - HNP C2-3,

Again, low - SLR to 30° SL - Numb toes

Rg Acute for Sugar

Also numbness heard - HNP C6-7

Rg Acute for Sugar

PTD - 1 mo

TDNW

PT is unable to pick

006233

Loni Gledici

4/7/98 - No change from in  
Chand & Low beach

④ HWP 4-S

Span, com C.S., SW to 30° S/S

nonlinear for

Ry cable for Aug.  
also bel-CTS

Ry cable for Aug's

Pro - 2nd

Ultra 50g #100 - TD NW

6/2/98 -

Saw Di at SIF - sent to his office  
told pr has change - 20° to CTS - bel.

Told beach problem clear from work -  
didn't know if surgery would be beneficial  
New American beach.

PE - bel CTS - ④ time - change

④ HWP 4-S, Span, com C.S., SW to 30° S/S

nonlinear for

Ry cable for Aug's

Ry. cable for linear launch

Ultra 50g #100 X3

2nd

TD NW

6-23-98. Pain in hand + wrist  
 DE ~~Wearing~~ Braces For external Atrophy  
 Pain loss Battle Thermal emulsion  
 Dfrc  
 Left to 60 Lt  
 1) Reg Eng  
 2) Battle for humanity  
 Atrophy  
 Thru  
 Rtc in

7-17-98. Pain in hand + wrist  
 Use of def  
 Dr. R  
 Left to 60°  
 Reg Eng  
 2) Reg lumbar laminectomy X  
 3) Esqit

6/14/98

6/14/98 - Jerry - Comp up today  
 still pain CS - 9 hands  
 no deep  
 Reg Eng's - 02  
 lumbar lam.  
 Esqit +

6/14

008285



678-005 3/75

SANT BARNABAS MEDICAL CENTER  
LIVINGSTON, NEW JERSEY

## EMERGENCY ROOM - FOLLOW UP CARE INSTRUCTIONS

NAME:

Roni GILADI

DATE:

9/16/87

## LACERATIONS:

1. Keep dressing clean and dry.
2. Do Not change dressing until you are seen by your family physician.
3. Have your laceration checked by your family doctor in 3 days.
4. Have sutures removed in 10 days by your family doctor.
5. There are 1 sutures to remove.
6. If signs of infection (see below) occur, contact your physician.

## BURNS:

1. Keep dressing clean and dry.
2. Do Not change dressing until you are seen by your family physician.
3. If signs of infection (see below) occur, contact your physician.

## SIGNS OF INFECTION:

1. Increased pain.
2. Redness and pus.
3. Swelling.
4. Red streaks appearing under skin.
5. Fever.

**HEAD INJURY:** You have suffered a head injury. If any of the following should appear, Contact your family physician or the Emergency Room IMMEDIATELY.

1. Observe closely for the first 24 hours for the following signs:
  - a. Increased drowsiness, stupor, or unconsciousness.
  - b. Restlessness or convulsions (fits).
  - c. Weakness or paralysis of either arm/leg.
  - d. Marked slowing of the pulse.
  - e. Temperature above 102°F.
  - f. Excess vomiting or nausea.
  - g. Blood or clear fluid dripping from the nose or ears.
  - h. Stiffness of the neck.
  - i. Dizziness, blurred or double vision.
  - j. Pulsating pain in the eyes.
  - k. Personality changes.
2. Stay indoors with someone.
3. DO NOT blow a bloody nose or attempt to clear blood from your ears.
4. Avoid heavy meals & alcoholic beverages; light meals or soup are preferable.
5. Allow patient to sleep. Awaken every 2 hours to observe patients response.
6. Take ONLY aspirin or Tylenol for pain.

## INSTRUCTIONS TO PATIENT

- ☐ Instructions given to patient/parents or guardian. ☐ Instructed to arrange for follow-up care with family physician, Doctor
- ☐ For school ☐ No Gym or sports for in 3 days.

## PLEASE NOTE THE FOLLOWING:

- ☐ Tetanus immunization was was not given.
- ☐ Tetanus & Diphtheria Toxoids 0.5cc.
- ☐ Human Tetanus serum, 250 units.
- ☐ If you have pain, take 2 aspirins unless allergic, otherwise use Tylenol.
- ☐ Check with your family physician.

## X-RAY:

1. The X-Ray report is not final and represents a preliminary reading. An official reading by the attending radiologist will be made. If the interpretations are not the same, you will be notified.

- ☐ Patient given names and addresses of the following physicians.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

MEDICATION FOR PAIN MAY CAUSE / WILL CAUSE DROWSINESS DO NOT DRIVE

Instructions given by \_\_\_\_\_

print name and sign

IF THERE ARE ANY QUESTIONS REGARDING YOUR TREATMENT OR CONDITION CONTACT YOUR FAMILY PHYSICIAN OR THE EMERGENCY ROOM 533-5180

Patient's signature

603336



MORTON SPINNER, M.D., F.A.C.S., P.C.

DATE 2/1/88

PATIENT INFORMATION

NAME GILADI, RONI

HOME  
PHONE: (201) 776-9821

ADDRESS: PO Box 127

WORK  
PHONE: (212) 430-2125

2135

Milburne, New Jersey 07041

AGE: 36 DATE OF BIRTH: 3/5/52

OCCUPATION:  
Video Productions

REASON FOR  
CONSULTATION: status post surgery for left  
hand- nerve repair

NEXT OF KIN:

DATE OF INJURY:

HANDEDNESS: writes  
with right

HOW OCCURRED:

ALLERGIES: None

REFERRING PHYSICIAN:

SS#: 112-64-3264

NAME: Dr. Jerry Kaplan

MEDICAL INSURANCE  
COVERAGE:

ADDRESS: 1165 Morris Park Avenue

NAME: 1199

Bronx, NY

PHONE: (212) 430-2524

ID#:

COMPENSATION INFORMATION

EMPLOYER:

CARRIER:

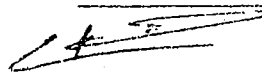
ADDRESS:

ADDRESS:

WCB#:

CC#:

PATIENT'S SIGNATURE



## PROGRESS NOTES

Morton Spinner, M.D.

Roni Giladi  
Post Office Box 127  
Milburne, New Jersey 07041

(201) 736-9821  
~~(212) 430-2125~~

Age: 36

2/1/88

The patient has three problems. One, pain in the left hand secondary to a repair of the medium palmar cutaneous nerve following an injury on September 21st, 1987. He cut his left hand on a knife while fixing a car. Surgery was performed by Dr. Goldstein at Einstein Hospital. The patient had attempted block and had the discomfort subsequent to this. He states that he was put under general anesthesia. He believes that the nerve was repaired, but is not 100% sure. Clinically, he has numbness in the mid portion of the thenar eminence on the palmar aspect. He also has numbness in the long and ring fingers. He has the Tinel Sign in the upper arm distal to the area of the axillary block. The Tinel Sign occurs with radiation into these median and innervated digits. It should also be noted that when he flexes his elbow, he gets more numbness in his hand. It is suggestive of a cubital tunnel syndrome separately.

In addition, it should be noted that the flexor superficialis in the left long and ring fingers are not functioning. The patient after discussion with Dr. Kaplan who referred the patient, he is to receive Xanax initially BID and then increase to TID if he tolerates it well.

In addition, the patient is to receive physical therapy with Darcy Krooke in New Jersey where he lives. The Tens Unit and modalities for pain and local modalities. MS:meb

*2/24/88 Patient having difficulty in reaching Mos Koon  
advised  
3/2/88 - Spoke with Darcy about therapy*

C06288

4/20/88

The patient had complaints relative to the regenerating median nerve in the arm. There is a tinel sign in the junction of the middle and proximal third of the left forearm. In addition, he has dysesthesias in the region of the median and palmar cutaneous nerve. He is able to tolerate things with the TENS unit. He did not do well with the Xanax. I will give him some Sinequan and try its effect with him. He is at work trying to use his right hand to substitute for the left with his work duties. He still has a tinel sign at the junction of the middle and upper third of the left arm. The patient is to continue with the physical therapy with Ms. Decker in New Jersey with local modalities to the arm added because this seems to give him most of the difficulty at the present time. I am to see him

PROGRESS NOTES  
MORTON SPINNER, M.D.

Page 2

Roni Giladi  
PO Box 127  
Milburne, N.J. 07041

- 7/1/88      The patient was re-examined today. He still has symptoms, but not as severe as earlier in his left arm and hand. He requires further instruction relative to desensitization and local modalities to assist in relieving the discomfort. MS/cc
- 8/19/88      The patient had a hand-shoulder syndrome. He had some stiffness and pain in his left shoulder. He was given an intra-articular injection of Decadron, Marcaine and Xylocaine into the left shoulder. I've spoken with Dr. Jerry Kaplan concerning him. He was instructed as regards to active and passive exercises. MS/cc
- 10/26/88      The patient appears to be doing better, but he has a residual median nerve neuritis in the left arm. The strength in the hand is less. The strength gauge is 95 on the right and 21 on the left. That is the Jamar. Pinch dynamometer is 8.8 kgs. on the right and 2.4 on the left. He has some coolness in the hand. He was given Procardia, 10 mgs. a day. He was also to be tried on Sinequan, 25 mgs. at night. MS/cc

COG289

MORTON SPINNER, M.D., F.A.C.S., P.C.

DATE 2/1/88

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ALLERGIES: None

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SS#: 112-64-3264

NAME: Dr. Jerry Kaplan

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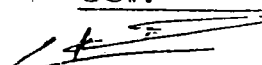
ADDRESS:

ADDRESS:

WCB#:

CC#:

PATIENT'S SIGNATURE



CC6290



## Montefiore Medical Center/Albert Einstein College of Medicine

Clinical Neurophysiology Laboratory

Alan R. Berger, M.D.  
Director

Montefiore Medical Center  
111 East 210th Street  
Bronx, New York 10467  
Telephone 212 920-4930

March 8, 1991

Berish Strauch, M.D.  
Department of Reconstructive Surgery  
Montefiore Hospital Medical Center  
3331 Bainbridge Avenue  
Bronx, New York 10467

Dear Dr. Strauch:

Your patient, Roni Giladi, was seen for neuromuscular evaluation. He is an ambidextrous 39 year old man with left arm pain and weakness since suffering a left wrist injury in September 1987, for which he underwent surgery. As you are familiar with his history, I will not repeat the details except to note that he suffered a motor vehicle accident in 1981 that resulted in neck pain and right hand paresthesias, all which completely resolved. His current complaints include a heavy feeling of the left arm when working and numbness in predominantly a median nerve distribution. No definite nocturnal exacerbation. He complains his left hand is weak.

On examination, strength of proximal left arm muscles was difficult to assess because of local pain, but was at least 5- in the deltoid, supraspinatus, biceps, and triceps. Muscles slightly decreased in strength (5-) included the left extensor digitorum communis, first dorsal interossei, ulnar innervated flexor digitorum muscle, opponens pollicis, and the abductor pollicis brevis. Slightly more weakness (4-) was present in the flexor carpi radialis and flexor pollicis longus. Hypesthesia was noted to pin prick and light touch at the medial upper arms, lateral forearms, dorsolateral hand, and index finger. The tendon stretch reflexes were 1+ at the brachioradialis muscles bilaterally, while bilateral triceps and biceps reflexes were 2+. The left arm demonstrated tenderness and a Tinel's sign in the upper arm between the biceps and triceps. A Tinel's sign was also elicited at the left wrist. Hot dog signs were evident at the wrists bilaterally. Range of motion was full and pain-free.

Electrophysiologic testing disclosed bilateral median nerve entrapments at the wrists, as well as bilateral ulnar nerve entrapment, at the elbows. All of the entrapments are mild in degree.

C06291

Page -2-

Berish Strauch, M.D.

RE: Roni Giladi

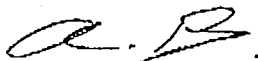
There was no evidence of focal median nerve damage proximal to the wrist level, distal to the traumatic site. In addition, there was left C6 radicular dysfunction resulting in a mild degree of axon loss. The clincial examination suggests a lesion proximally in the left upper arm. However, there is no electrophysiologic evidence of dysfunction resulting from such a lesion. Clinically, the patient's complaints seem most likely to emanate from the left C6 radiculopathy, median nerve entrapment or both.

Thank you for referring this interesting patient.

Sincerely,

Kersti Bruining, M.D.

Clinical Electrophysiology Fellow



Alan R. Berger, M.D.

Associate Professor of Neurology

Director/Electromyography Laboratory

ARB:alh

006232



DEC-21-1994 16:51 FROM PLASTIC SURG. AE/MMC

TO

19144480215

P. 04

DEPARTMENT OF NEUROLOGY  
CLINICAL NEUROPHYSIOLOGY LABORATORY  
MOTOR AND SENSORY NERVE CONDUCTION EXAMINATION

Date 3/9/91  
Patient Name Roni Giladi  
Age \_\_\_\_\_ Sex \_\_\_\_\_ Height (Inches) \_\_\_\_\_  
Extremity Temp (C) \_\_\_\_\_ Handness \_\_\_\_\_

[illegible]

000003

DEC-21-1994 16:52 FROM PLASTIC SURG. AE/MMC

TO

19144480215

P.05

MONTEFIORE HOSPITAL MEDICAL CENTER  
DEPARTMENT OF NEUROLOGY  
CLINICAL NEUROPHYSIOLOGY LABORATORY  
MOTOR AND SENSORY NERVE CONDUCTION EXAMINATION

Date 3/8/91  
Patient Name Roni Giladi  
Age 39 Sex Q Height (Inches) 76"  
Extremity Temp (C) 36 Handedness ambidex

DE	NERVE	TESTED	RECORD	SITE	STIMULATE	LATENCY (msec)	AMP (uV)	DURATION (msec)	DISTANCE (mm)	VELOCITY (m/sec)	REMARKS/COMMENTS
1	MEDIAN (S)	WRIST	WRIST	D2	D2	3.5	4.4	1.3	15.5	42.8	Ab, LA, Slow
	MEDIAN (Mx)	WRIST	WRIST	PALM	PALM	1.7	24.0	1.0	20	41.4	Ab, Slow
	MEDIAN (S)	D2	D2	PALM	PALM	1.5	5.8	1.2	80	51.9	N
	ULNAR (S)	WRIST	WRIST	D5	D5	2.4	4.4	1.1	12.5	52.5	Ab, LA
	ULNAR (Mx)	BEL	BEL	WRIST	WRIST						
	ULNAR (Tx)	AEL	AEL	WRIST	WRIST						
	MEDIAN (M)	APB	APB	WRIST	WRIST	3.8	9300	5.6	55		N
	MEDIAN (M)	APB	APB	ELBOW	ELBOW						N
	MEDIAN (F)	APB	APB	WRIST	WRIST	32-29					N
	ULNAR (M)	ADM	ADM	WRIST	WRIST	2.9	8900	6.2	75		N
	ULNAR (M)	ADM	ADM	BEL	BEL	6.1	8500	6.4	220	68.7	N
	ULNAR (M)	ADM	ADM	AEL	AEL	8.7	8100	7.2	110	42.3	Ab, Slow
	ULNAR (F)	ADM	ADM	WRIST	WRIST	34-30					Ab, IR
	RADIAL (S)	WRIST	WRIST	D1	D1	2.2	4.2	1.0	13.0	61.3	N
	LAT CUT (S)	FOREARM	FOREARM	ELBOW	ELBOW	1.7	11.6	1.2	120	70.5	N
	ULNAR (M)	POI	POI	WRIST	WRIST	3.5	9600	4.4	140		N
	"	"	"	BEL	BEL	7.0	6600	7.9	220	62.8	N
	"	"	"	AEL	AEL	10.2	4700	8.0	110	33.8	Ab, Slow
	"	"	"	WRIST	WRIST	29-28					

006294

MONTEFIORE HOSPITAL MEDICAL CENTER  
DEPARTMENT OF NEUROLOGY  
CLINICAL NEUROPHYSIOLOGY LABORATORY  
MOTOR AND SENSORY NERVE CONDUCTION EXAMINATION

Date 3/8/91

Patient Name Roni Giladi

Age 39 Sex ♂ Height (inches) 70"

Extremity Temp (C) 35° Handedness: ambidex.

DE	NERVE	RECORD	STIMULATE	LATENCY	AMP	DURATION	DISTANCE	VELOCITY	REMARKS/
(UL)	TESTED	SITE	SITE	(msec)	(uv)	(msec)	(mm)	(m/sec)	COMMENTS
	MEDIAN (S)	WRIST	D2	3.3	3.8	1.1	150	45.1	Ab, LA
	MEDIAN (Tx)	WRIST dist	PALM	1.5	21.0	1.4	70	46	Ab, Slow
	MEDIAN (S)	D2	PALM	1.1	14.8	1.8	75	65.7	N
	ULNAR (S)	WRIST	D5	2.2	8.4	1.6	135	60.2	N
	ULNAR (Tx)	BEL	WRIST						
	ULNAR (Tx)	AEL	WRIST						
	MEDIAN (M)	APB	WRIST	3.8	11800	6.6	65		N
	MEDIAN (M)	APB	ELBOW	8.3	9700	6.7	230	51.1	N
	MEDIAN (F)	APB	WRIST	32-39					N
	ULNAR (M)	ADM	WRIST	2.5	6600	6.1	65		N
	ULNAR (M)	ADM	BEL	6.8	6200	6.5	230	53.4	N
	ULNAR (M)	ADM	AEL	9.6	6400	6.9	105	37.5	Ab, Slow
	ULNAR (F)	ADM	WRIST	32-30					N
	RADIAL (S)	WRIST	D1	1.8	7.2	1.1	9.5	53.3	N
	LAT CUT (S)	FOREARM	ELBOW	1.8	10.0	1.2	105	58.9	N
	MEDIAN (M)	APB	PA	11.2	10800	6.4	205	69.4	N
	"	APB	ERBS	14.2	11000	6.8			N
	ULNAR (M)	ADM	AX	16.9	5900	7.3	140	59.5	N
	"	"	ERBS	14.2	5000	7.3			N

006206

3181

**DATE**

[illegible]

RETURN TO MEDICAL OFFICE

By: \_\_\_\_\_

BERGEN COMMUNITY COLLEGE  
400 PARAMUS ROAD  
PARAMUS, NEW JERSEY 07652

# MEDICAL EXAMINATION REPORT

STUDENT'S CURRICULUM CHOICE  
\_\_\_\_\_

NAME (Print) Giladi Roni V  
(Last) (First) (Middle)  
HOME ADDRESS 5 Walker Road W. Orange NJ  
(Street) (City) (State)  
TELEPHONE NUMBER 201-736-7735  
DATE OF BIRTH 3/5/52 SOCIAL SECURITY NO. 112-64-3264

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:

NAME Beth Giladi  
ADDRESS 5 Walker Road W. Orange NJ  
(Street) (City) (State)  
TELEPHONE NUMBER 201-736-7735

## IMMUNIZATION AND LABORATORY RECORD

All tests listed below are recommended.

Tetanus (within 10 years) Date Series completed?  
Diphtheria Toxoid (within 10 years) Date Series completed?  
Polio: Salk or Sabin Date Series completed?  
Tuberculin skin test (within 1 year) Date Neg. Pos. If Pos. Chest X-Ray  
Urinalysis: Sugar Albumin Micro  
Hemoglobin/Hct Suggested: Rubella screen

COPY OF OFFICIAL DOCUMENTS

Bergen Community College

Have you had the following immunizations? (Not required. For information only)

B. Green 4/1/98  
Authorized Signature Date

## VACCINES:

Measles Date Mumps Date  
German Measles Date Influenza Date

006297

**PART B**

(Physical Examination Cont'd.)

**Abdomen:** Hernia Yes No Liver not palp Spleen not palp  
 Hemorrhoids Yes No  
 Pilonidal Sinus Yes No

**Genitals:** normal male

**Skin:** Acne yes Fungus Infection yes Other folliculitis

**Spine:** straight

**Extremities:** Joints \_\_\_\_\_ Muscle Weakness yes Knee Instability yes Foot Defects yes

**Reflexes:** Arms ++ Legs ++

Comments: \_\_\_\_\_

 COPY OF OFFICIAL DOCUMENTS  
 Bergen Community College

B. Green 4/1/98  
 Authorized Signature Date

Is there any evidence of anxiety, extreme tension or emotional instability?

Yes \_\_\_\_\_

No

Has the applicant had psychiatric care?

Yes \_\_\_\_\_

No

Comments: \_\_\_\_\_

Is the applicant able to move about campus without restriction or assistance?

Yes

No \_\_\_\_\_

If no, comment \_\_\_\_\_

Is the applicant qualified to participate in a regular physical education program?

Yes

No \_\_\_\_\_

Varsity Sports?

Yes \_\_\_\_\_

No \_\_\_\_\_

Are there any limitations placed upon amount and character or physical education?

Yes \_\_\_\_\_

No

Explain: \_\_\_\_\_

Signature of Physician

James C. Greenfield

Name of Physician (print)

JAMES C. GREENFIELD

Address

1825 EASTCHESTER RD - BA, NYC 10461

Date of Examination

5 Feb 96
 TO THE APPLICANT AND EXAMINING PHYSICIAN:  
 THIS COMPLETED MEDICAL FORM IS REQUIRED FOR ADMISSION.

006298



To the Physician: The purpose of this examination is to have on file, in the Medical Office, a background of the patient's health status so that he/she may be properly assigned to classwork and physical education, and so any illness that may arise may be properly handled.

**PART A**

## Medical History (check)

1. Syncope, Concussion, Skull fracture, seizures? no
2. Serious visual defect or loss of vision in one eye? no
3. Hernia, Hydrocele or loss of function of one kidney or testicle? no
4. Previous injuries? no
5. Diabetes, Heart disease or other serious illness in past? no
6. Significant allergy history? no
7. Hospitalization or operations? no
8. Any medicine taken regularly? no
9. Venereal disease? no
10. Skin disease? Folliculitis on legs
11. Arthritis? no
12. Other significant past medical history or illness? no

Comments on any yes answer \_\_\_\_\_

COPY OF ORIGINAL DOCUMENTS

Bergen Community College

R. L. L...  
 Authorized Signature

4/1/98  
 Date
**PART B**

## Physical Examination:

All items to be completed by Physician. Check if normal. Positive findings should be entered under comments.

Weight 178 Height 5' 10"

Head: Scalp clean Hair neg

Eyes: Vision R 20/30 L 20/30

Glasses R \_\_\_\_\_ L \_\_\_\_\_

Contact Lenses no

Nose: Deviated Septum no Polyps no Chronic Discharge no

Throat: Tonsils absent \_\_\_\_\_ Present ✓ Diseased \_\_\_\_\_

Ears: Canals R OK L OK Drums R \_\_\_\_\_ L \_\_\_\_\_

Hearing \_\_\_\_\_

Teeth: Need for dental attention No Yes \_\_\_\_\_

Glands: Cervical not palp Axillary not palp Inguinal not palp

Neck: Thyroid Enlargement no

Lungs: Evidence of asthma none Chronic Bronchitis no

Heart: B.P. 130/90 Pulse 58/min Enlargement no

Murmurs (describe) none

C08209

JAY A. ROSENBLUM, M. D.

175 EAST 79TH STREET  
NEW YORK, N. Y. 10021

TELEPHONE 249-7867

June 10, 1997

Mr. Richard Simberg  
The State Insurance Fund  
199 Church Street  
New York, N.Y. 10007

Re: Roni GILADI  
SIF#: 38398020-044  
SEQ#: 012  
WCB#: 9356779  
D/A: 6/30/93

Dear Mr. Simberg:

At the request of The State Insurance Fund, I conducted a neurological re-evaluation today on Mr. Giladi, and the following is being sent to you for your information.

As you are aware, I had previously seen Mr. Giladi on 9/20/96. It was at that time that Mr. Giladi informed me that he worked as a video technician and was 44 years of age. On 6/30/93, while lifting heavy equipment, he injured his low back and both hands. He described a constellation of symptoms that were occurring to him. He informed me that various neurodiagnostic studies were obtained and indicated that he was suffering from carpal tunnel syndrome and ulnar nerve impingement in both upper extremities. I was aware of a past history of left median nerve dysfunction, prior carpal tunnel surgery in the left wrist in 1991. I reviewed multiple medical records, conducted a neurological examination, and found a wide dicotomy between the objective symptoms and lack of objective findings.

Since then, the patient states he continues to experience pains in both his hands and elbow region. He also finds that he has pain in his low back region. He said that he attempted to return to work since his last visit for several days but was unable to continue because of the recurrence of pain. He is under the care of an orthopedist and is not receiving any physical therapy but does do home exercises. He has almost constant pains in both hands and has a tendency to drop objects

C06300



Roni GILADI-Page 2

from his hands. When he wakes, both hands are numb and swollen, and his fingers feel as if they are paralyzed. He has to soak them in warm water.

His other symptom complex is that the back pain remains constant but varies in intensity. These symptoms radiate into both lower extremities and he occasionally has some numbness in both feet. He has difficulty walking, standing or sitting for any prolonged length of time. He takes home medication. No further neurodiagnostic studies have been performed.

I did have the benefit of an undated report from Dr. Herness who detailed the patient's multiple symptoms and indicated that an EMG report of the upper extremities was said to confirm left median ulnar nerve dysfunction and entrapment syndromes. This includes an MRI scan of 11/5/93 showing a herniated disc and bulging disc in the lumbar region. He felt the patient could not resume his job in video production. I have also received information that the patient had other traumatic events of which he did not inform me. He was said to have had a motor vehicle accident in 1993. I asked the patient about same and he informed me that he did have a car accident and had no medical injuries. I also queried him about any accident in 1995, and he stated that he had not sustained any trauma at that time. He does inform me that at the present time he does home study courses and occasionally takes a course in school. He uses a dictating machine to write his notes. No other information was supplied.

#### NEUROLOGICAL EXAMINATION

Cranial nerve testing was grossly within normal limits. There was no evidence of an organic mental syndrome. The patient's station and gait were slow but physiological.

The patient was able to appropriately undress and dress. The patient had on a back brace, as well as two hand braces. All these appliances were removed for this examination. He complained of pain over the entire spinous region, being most prominent in the lumbar area, as well as movements of the left upper extremity and

008301

Roni GILADI-Page 3

both hands. No spasm was noted. There was no evidence of atrophy or fasciculations seen. Inspection of the spine did not indicate any abnormal curvatures.

Cerebellar function was normal and there was no evidence of tremors or dyskinesias noted in the extremities. Functional muscle testing revealed no evidence of muscle weakness. On formal muscle testing, there appeared to be give-way weakness of all four extremities. The patient indicated that this was because it was painful. The muscle tone was of normal caliber throughout.

The biceps, triceps, brachioradialis, patella and ankle reflexes were present and equal bilaterally. When hitting the patient with a percussion hammer, the patient indicated that these maneuvers were painful. No abnormal reflexes were detected.

No radicular sensory abnormalities were recorded as to vibration or pin prick testing, though the patient informs me that the pin was not perceived as much over the entire right lower extremity as it was over the left. Position and touch sensation was intact.

#### SUMMARY AND IMPRESSION

Once again, this patient's objective clinical neurological examination remains normal. His subjective symptoms are out of proportion to any objective findings. I would respectfully suggest obtaining the reports of the abnormal MRI scan of the lumbar spine, and EMG examination. When those reports are available, I would be happy to review same and send a supplementary report. From a clinical point of view, this examiner could find no clinical evidence of lumbar radiculopathy.

Thank you for allowing me to see this patient.

Yours truly,

  
Jay A. Rosenblum, M.D.

JAR:dj

COS302

**ROY G. KULICK, M.D.**901 FIFTH AVENUE  
NEW YORK, NEW YORK 10021

(212) 988-0692

ORTHOPAEDIC SURGERY

SURGERY OF THE HAND

**Name:** Roni Giladi

**Date:** 9/28/05

**Referred:** State Insurance Fund  
**SIF#:** 38847620-044  
**WCB#:** 9348077  
**D/A:** 6/30/93  
**EMP:** Yeshiva University

**History:** This 43 year old right-handed video technician has complaints about both hands. The left hand started bothering him about 1990 with pain in the hand. He went to see Doctor Strauch who performed an EMG which was consistent with carpal tunnel syndrome and ulnar compression at the left elbow. The patient denies numbness at that point. At any rate, in 1991 he underwent a left carpal tunnel release and transposition of the ulnar nerve on the left. He states he began having left elbow pain after the operation. The pain in the hand was improved for a short time following the carpal tunnel operation, but then he states he was forced to return to work by his employer and he even returned to work with the initial hand dressing on. His symptoms in the hand returned about three months later. His right hand began causing discomfort in May of 1993 when he was holding a video camera with that hand. He began getting numbness in the hand after that episode. He has had numbness day time, as well as at night with nocturnal paresthesias. Shortly after that episode in May of 1993 he injured his back and has been out of work since. He attributes the problems with his upper extremities to his work as a video camera technician.

**Physical Examination:** The patient is wearing two wrist splints, as well as an elastic stocking on the left elbow. The splints and the stocking are removed. The right wrist demonstrates dorsiflexion 45°, volar flexion 45°. The patient cringes when I do Tinel sign and he states it reaches to the mid-palm. I cannot do Phalen's test because of the lack of flexion. On sensibility testing there is slightly decreased sensation in the median distribution compared to the ulnar distribution. The left elbow shows a healed incision medially. The patient cringes again when I touch this area. There is a healed incision on the volar-ulnar aspect of the palm, as well as the distal forearm. Tinel's sign is negative, sensation is decreased in the ulnar distribution compared to the median distribution.

**Impression:** Bilateral carpal tunnel syndrome, status post release on the left and status post ulnar nerve release at the left elbow.

C06303

Re: Roni Giladi

-2-

R. G. Kulick, M.D.

**Assessment:**

This patient is symptomatic at multiple areas, however, I do not really see how his job as a video technician will cause this carpal tunnel syndrome. It is not of the repetitive stress nature such as working at a keyboard on a continuous basis, and therefore, while the patient is having considerable discomfort, I don't think it is related to his occupation.

THE UNDERSIGNED HEREBY AFFIRMS THAT THE FOREGOING STATEMENT IS TRUE UNDER PENALTY OF PERJURY.

I am available to testify on Tuesday afternoons.

RGK:pss

cc: Worker's Comp. Board

WCB#: 123619-9

Roy G. Kulick, M.D.

006304

NAME: GILADI, RONI V  
 BUILDING: GELFER EDUCATIONAL CENTER  
 LOCATION: AUDIO VISUAL-ANCILLARY  
 ROOM: 908  
 PHONE: 430-2135

YESHIVA UNIVERSITY  
 TIME SHEET

PAYROLL PERIOD  
 12/14/91-12/27/91

151  
 SEQUENCE NO  
 1046

CONTACT:  
 DR. MARTIN LEVINE

DAY	IN	OUT	SIGNATURE	REG HOURS	SICK HOURS	HOL HOURS	VAC HOURS	HEAT HOURS	LEAVE WITH PAY HOURS	NON PAID HOURS	SHIFT DIFF HOURS	CO
12/14 SAT												
12/15 SUN												
12/16 MON					7							
12/17 TUE					7							
12/18 WED	9:45	5:00		7								
12/19 THU					7							
12/20 FRI												
WEEK 1 TOTAL				35.0	7	28						

DAY	IN	OUT	SIGNATURE	REG HOURS	SICK HOURS	HOL HOURS	VAC HOURS	HEAT HOURS	LEAVE WITH PAY HOURS	NON PAID HOURS	SHIFT DIFF HOURS	CO
SAT												
SUN												
MON	9:45	5:00		7								
TUE												
WED						7						
THU									7.0	01		
FRI	9:45	4:45		7								
WEEK 2 TOTAL				35.0	14	28	7		14			
FINAL TOTAL				70.0	21	28	7		14	01		

PAYROLL CODES									
LEAVE WITH PAY HRS		NON PAID HRS		SHIFT DIF		ADD'L TIME			
01	COMP TAKEN	20	LATENESS	41	10 PERCENT	50	O.T. AT TIME + 1/2		
02	BEREAVEMENT	22	SICK WITHOUT PAY			51	ADDITIONAL PAY AT STRAIGHT RATE		
03	JURY DUTY					58	REPORT PAY AT STRAIGHT RATE		
04	PERSONAL					59	CALL IN REPORT PAY AT TIME + 1/2		
								MIN	HOUR
								15	25
								30	50

COMMENTS:

*[Signature]*  
 AUTHORIZED SIGNATURE

SUMMARY  
 HOURS CO GENERAL LEDGER NUMBER

← TOTAL BIWEEKLY ADDL. TIME HOURS

008205

**Berish Strauch, M.D.**

**BORN** New York City, September 19, 1933

**EDUCATION** Bronx High School of Science, New York City, 1947-51  
Columbia University, B.S., 1951-55  
College of Physicians and Surgeons, Columbia University, M.D.,  
1955-59

**SURGICAL TRAINING AND EXPERIENCE**

Internship, Columbia Division, Bellevue Hospital, New York City,  
1959-60

Resident, General Surgery, Montefiore Medical Center, Bronx NY,  
1960-63

Resident, Plastic and Reconstructive Surgery of the Hand, Roosevelt  
Hospital, New York City, July-December, 1961

Chief Resident, General Surgery, Montefiore Medical Center,  
Bronx, NY, 1963-64

Captain, U.S. Medical Corps, 1964-66

Resident, Plastic and Reconstructive Surgery, Stanford University,  
Palo Alto, CA, 1966-67

Chief Resident, Plastic and Reconstructive Surgery, Stanford  
University, Palo Alto, CA, 1967-68

**ACADEMIC APPOINTMENTS**

Instructor, Stanford University, 1967-68

008306

Dr. Strauch - Page 2

Associate, Department of Surgery, Albert Einstein College of  
Medicine, Bronx, NY 1968-70

Assistant Professor, Department of Surgery, Albert Einstein College  
of Medicine, Bronx, NY, 1970-76

Associate Professor, Department of Surgery, Albert Einstein  
College of Medicine, Bronx, NY 1976-81

Chief, Combined Plastic Surgery Service of the Albert Einstein  
College of Medicine and Montefiore Medical Center, 1978

Professor, Department of Surgery, Albert Einstein College of  
Medicine, 1981

Acting Chairman, Department of Plastic and Reconstructive  
Surgery, Albert Einstein College of Medicine and Montefiore  
Medical Center, 1987

Chairman, Department of Plastic and Reconstructive Surgery,  
Albert Einstein College of Medicine and Montefiore Medical  
Center, 1989

## HOSPITAL APPOINTMENTS

Assistant Attending, Plastic Surgery, Montefiore Medical Center,  
1968-71

Visiting Plastic Surgeon, Sing Sing Prison Hospital, 1968-75

Adjunct Attending, Plastic Surgery, Montefiore Medical Center,  
1971-75

Associate Attending, Plastic Surgery, Morrisania City Hospital,  
Bronx, NY, 1971-76

Associate Attending, Plastic Surgery, Montefiore Medical Center,  
1975-77

Plastic Surgeon in Chief, Montefiore Medical Center, 1978-79

Chairman, Department of Plastic and Reconstructive Surgery,  
Montefiore Medical Center, 1989 - present

006307

Dr. Strauch - Page 3

Visiting Plastic Surgeon, Beacon Correctional Facility, 1975 - present

Attending Surgeon, Plastic Surgery, North Central Bronx, Hospital, Bronx, NY, 1976 - present

Attending Surgeon, Plastic Surgery, Montefiore Medical Center, 1978 - present

Attending Surgeon, Plastic Surgery, Bronx Municipal Hospital Center, Bronx, NY, 1978 - present

**FELLOWSHIPS** Fellow, Plastic and Reconstructive Surgery, Stanford University, Palo Alto, CA, 1966-68

#### **AWARDS AND HONORS**

Emanuel Kaplan Award for the Outstanding Anatomic Study, American Society for Surgery of the Hand, 42nd Annual Meeting, San Antonio, TX, September, 1987 for: Strauch B, de Moura W: The arterial system of the fingers.

Founder's Lecturer, American Society for Reconstructive Microsurgery, 4th Annual Meeting, September, 1988, Baltimore, MD

Association of American Publishers Award for Outstanding Publication in Clinical Medicine, 1990 for : Strauch B, Vasconez LO, Hall-Findlay E (eds): *Grabb's Encyclopedia of Flaps*, Boston: Little, Brown, 1990

#### **BOARD CERTIFICATION**

American Board of General Surgery, 1965

American Board of Plastic Surgery, 1970

American Board of Plastic Surgery, Certificate of Added Qualification in Hand Surgery, 1990

#### **SOCIETIES**

American Society of Plastic and Reconstructive Surgeons, 1968

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Dr. Strauch - Page 4

Member, Educational Assessment Committee, 1975

American Burn Association, 1968

New York Regional Society for Plastic and Reconstructive Surgery,  
1968  
Board of Directors, 1980

American Cleft Palate Association, 1979  
Chairman, Membership Committee, 1979-80

International Society for Burn Injuries, 1970

Educational Foundation, American Society of Plastic and  
Reconstructive Surgeons, 1970  
Co-Chairman, Symposium and Workshop, 1974  
Member, Chief Residents' Conference Committee, 1975  
Co-Chairman, Fellowship Directory Committee, 1980  
Co-Chairman, Program Committee, 1980  
Co-Chairman, Continuing Educational Committee, 1980

American College of Surgeons, 1970

Research Council of Plastic and Reconstructive Surgery, 1971

New York Society for Surgery of the Hand, 1971  
Treasurer, 1979  
Vice President, 1980  
President, 1982-83

American Society for Surgery of the Hand, 1972  
Member, Forward Planning Committee, 1975  
Member, Educational Research Committee, 1977  
Chairman, Microsurgery Committee, 1978

American Association of Plastic Surgeons, 1977

International Society of Reconstructive Microsurgery, 1977  
Founding Member, Secretary, Treasurer, 1977  
President, Chairman, 1981-83

American Society for Reconstructive Microsurgery, 1983  
Chairman, Founding Council, 1983-84  
President, 1984-85

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Dr. Strauch - Page 5

International Society of Plastic Surgery, 1983  
Executive Committee, 1983-84

Northeastern Society of Plastic Surgery  
Founding Member, 1983  
Chairman, Program Committee, 1985

New York Microsurgical Club  
President, 1990

American Society for the Peripheral Nerve  
Founding Member  
Vice-President, 1991-92  
President, 1993-94

Association of Academic Chairmen of Plastic Surgery  
Board of Directors, 1991-92

Chairman, Maliniac Lecture, Educational Foundation Committee,  
ASPRS, 1991

Active Membership, American Association for Hand Surgery

American Society for Aesthetic Plastic Surgery

#### JOURNAL EDITORSHIPS

*Plastic and Reconstructive Surgery*, Associate Editor, 1982-88

*Journal of Reconstructive Microsurgery*, Founder, 1984  
Editor in Chief, 1984 - present

#### MANAGED CARE INVOLVEMENT

Chief, Combined Plastic Surgery Service, Albert Einstein College of  
Medicine/Montefiore Medical Center, 1978-1987

Acting Chairman, Department of Plastic and Reconstructive Surgery, Albert  
Einstein College of Medicine/Montefiore Medical Center, 1987-1989

Chairman, Department of Plastic and Reconstructive Surgery, Albert Einstein  
College of Medicine/Montefiore Medical Center, 1989 to present

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Dr. Strauch - Page 6

**Montefiore Physicians Practice Association, Inc. (MPPA)**

**Founding Vice-President, 1986-1988**

**President, 1988-1990**

**Vice-President, 1990-1992**

**President, 1992-1994**

**Metropolitan Physicians Practice Association (MPPA), Vice-President,  
1994-1995**

**Member of American Society of Plastic and Reconstructive Surgeons, Managed  
Care Physicians' Subcommittee, 1995 to present**

**OTHER PROFESSIONAL ACTIVITIES**

**American Association for the Advancement of Science, 1968**

**Medical Society of the State of New York, 1968**

**Bronx County Medical Society, 1968**

**New York Academy of Medicine, 1969**

**Montefiore Medical Center, Secretary, Junior Medical Board,  
1970-72**

**Vice President, Junior Medical Board, 1970-72**

**President, Junior Medical Board**

**International Congress of Microsurgery  
Founding Member, 1973**

**American College of Surgeons, Bronx Chapter, Council Member,  
1973**

**Montefiore Medical Center, Microsurgery Workshop  
Co-Director, 1973**

**New York City Fire Department  
Consultant, 1973**

**American Trauma Society  
Founding Member, 1974**

**Montefiore Medical Center, Combined Medical Board**

008311

Dr. Strauch - Page 7

Secretary, 1975-76  
Vice President, 1976-77  
President, 1977-79

Bronx County Medical Society  
Committee on Medical Insurance Review, Special Consultant,  
1975

Electrical Employers Self Insurance Safety Plan  
Consultant, 1975

New York Academy of Sciences  
Active Membership, 1978

#### ARTICLES

Strauch B: Bicycle spoke injuries in children. J Trauma 6:61, 1966

Strauch B, Murray D: Transfer of composite graft with immediate suture anastomosis of its vascular pedicle measuring less than 1 mm in external diameter using microsurgical techniques. Plast Reconstr Surg 40:325, 1967

Strauch B: Immediate assembly of a disposable tissue hook. Plast Reconstr Surg 42: 386, 1968

Strauch B, Buch W, Grey W, Laub DR: Methemoglobinemia: A complication of silver nitrate therapy used in burns. AORN, 1969

Strauch B, Buch W, Grey W, Laub DR: Brief recording: Successful treatment of methemoglobinemia secondary to silver nitrate therapy. NE J Med 281:257, 1969

Strauch B, Bloomberg A, Lewin M: Artery island composite rib grafts for mandibular replacement. Surg Forum XX, 1969

Laub D, McKnight J, Strauch B, Grey W, Buch W: Nitrate poisoning and methemoglobinemia in burned patients treated with silver nitrate. Lab Med, Oct 1970

Strauch B, Bloomberg A, Lewin M: An experimental approach to mandibular replacement: Artery island composite rib grafts. Br J Plast Surg 4:334, 1971

Argamaso RV, Strauch B, Lewin M, Ship AG, Garcia A: Lip commissuro-plasty after electrical burns. Chirurg Plast 3:27, 1975

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Dr. Strauch - Page 9

**Yaffe B, Cushin B, Petro J, Sharzer L, Strauch B: The effect of a simple preservation method on immediate and late patency rates of autogenous microvenous grafts. Plast Reconstr Surg 72:526, 1983**

**Yaffe N, Cushin S, Strauch B: Effect of cigarette smoking on experimental microvascular anastomoses. Microsurgery 5:70, 1984**

**Schweitzer I, Rosenbaum MB, Sharzer LA, Strauch B: Psychological reactions and processes following replantation surgery: A study of 50 patients. Plast Reconstr Surg 76:97, 1985**

**Strauch B, Greenstein B: Neurovascular flaps to the hand. Hand Clin 1:327, 1985**

**Strauch B, de Moura W: Digital flexor tendon sheath: An anatomical study. J Hand Surg 10A:785, 1985**

**Strauch B, de Moura W, Ferder M, Hall C, Sagi A, Greenstein B: The fate of tendon healing following restoration of the integrity of the tendon sheath, utilizing autogenous vein grafts. J Hand Surg 10A: 790, 1985**

**Sagi A, Ferder M, Levens D, Strauch B: Improved survival of island flaps after prolonged ischemia by perfusion with superoxide dismutase. Plast Reconstr Surg 77:639, 1986**

**de Moura W, Sagi A, Ferder M, Strauch B: A new experimental model for myocutaneous flaps: Latissimus dorsi of the rabbit - An anatomical study. Plast Reconstr Surg 77:484, 1986**

**Sagi A, Ferder M, Yu HL, Strauch B: The rat groin flap: Can it survive on the epigastric blood supply alone? J Reconstr Microsurg 2:163, 1986**

**Yu HL, Sagi A, Ferder M, Strauch B: A simplified technique for end-to-end microanastomosis. J. Reconstr Microsurg 2:191, 1986**

**Bibi R, Ferder M, Strauch B: Prevention of flap necrosis by chlorpromazine. Plast Reconstr Surg 77:954, 1986**

**Yu HL, Sagi A, Gordon MJV, Ferder M, Strauch B: Autocannibalization of sensate and denervated rat groin flaps. J Reconstr Microsurg 3:27, 1986**

**Shapiro BM, Komisar A, Silver C, Strauch B: Primary reconstruction of palatal defects. Otolaryngology 95:581, 1986**

006314

Dr. Strauch - Page 10

- Kaplan R, Strauch B: Regional anesthesia in a child with epidermolysis bullosa. *Anesthesiology* 67:262, 1987
- Sagi A, Ferder M, Yu HL, Gordon MJV, Strauch B: "No suture" microanastomosis using Viacryl rings and fibrin adhesive system: An unsuccessful attempt. *Plast Reconstr Surg* 79:776, 1987
- Sagi A, Ferder M, Goldstein R, Strauch B: A simple device to control the amount of vasoactive drugs topically applied to blood vessels during experimental studies. *Plast Reconstr Surg* 79:812, 1987
- Goldstein RD, Komisar A, Silver C, Strauch B: Management of necrotic head and neck wounds with a "sandwich" pectoralis myocutaneous flap. *Head Neck Surg*, Mar/Apr:246, 1988
- Strauch B, Fox M: V-Y bipedicle flap for resurfacing the nasal supratip region. *Plast Reconstr Surg* 83:899, 1989
- Ascer A, Strauch B, Calligaro KD, Gupta SK, Veith FJ: Ankle and foot fasciotomy: An adjunctive technique to optimize limb salvage after revascularization for acute ischemia. *J Vasc Surg* 9:594, 1989
- Cusumano RG, Silver CE, Brauer RJ, Strauch B: Pectoralis myocutaneous flap for replacement of cervical esophagus. *Head Neck* 11:450, 1989
- Ascer E, Strauch B, Calligaro KD, Gupta SK, Veith FJ: Ankle and foot fasciotomy: An adjunctive technique to optimize limb salvage after revascularization for acute ischemia. *J Vasc Surg* 9:594, 1989
- Silver CE, Cusumano RJ, Fell SC, Strauch B: Replacement of upper esophagus: Results with myocutaneous flap and with gastric transposition. *Laryngoscope* 99:819, 1989
- Vamhidy L, Strauch B, Biro V: Possibilities of using preserved tendon in hand surgery: Review of the literature (Hung). *Magyar Traumatologia* 32:228, 1989
- Strauch B, de Moura W: The arterial system of the fingers. *J Hand Surg* 15A:148, 1990
- Murphy RX, Li JK, Mincer FK, Strauch B: Trabecular (neuroendocrine) carcinoma of the skin: Report of four cases and review of the literature. *NY State J Med* 90:35, 1990

006315

Dr. Strauch - Page 13

*Nerve*, Bordeaux, France, September 3-6, 1984

Strauch B, Greenstein B, Liebling RW, Goldstein R: Problems and complications encountered in replantation surgery. In Chase RA (ed): *Hand Clinics*. Philadelphia: WB Saunders, 1986

Greenstein B, Strauch B: Aesthetic surgery in the adolescent. In Boley S (ed): *Adolescent Surgery*, NY: Grune & Stratton, 1986, chap 15

Strauch B, Greenstein B: Microsurgical free flaps, skin flaps, and facial nerve surgery. In Silver C (ed): *Atlas of Head and Neck Tumor Surgery*. Philadelphia: Churchill Livingstone, 1988

Sagi A, Strauch B: Experimental free flaps. In Brunelli G (ed): *Reconstructive Microsurgery*. Brescia, Italy: Fidia Research Series, 1988

Goldstein RD, Strauch B: Pathophysiology of vessels in coagulation. In Brunelli G (ed): *Reconstructive Microsurgery*. Brescia, Italy: Fidia Research Series, 1988

Greenstein B, Strauch B: Factors influencing the success of microsurgery. In Brunelli G (ed): *Reconstructive Microsurgery*. Brescia, Italy: Fidia Research Series, 1988

Greenstein B, Strauch B: Microvascular free flaps for intraoral reconstruction. In Brunelli G (ed): *Reconstructive Microsurgery*. Brescia, Italy: Fidia Research Series, 1988

Strauch B, Greenstein B: Replantation of acral parts. In Jones BH, Serafin D (eds): *Microsurgery: A Functional Approach*. Boston: Blackwell Scientific Publications, 1988

Strauch B: Microneurovascular free transfer for a first web space skin flap. In Strauch B, Vasconez LO, Hall-Findlay E (eds): *Grabb's Encyclopedia of Flaps*. Boston: Little, Brown & Co., 1990

Strauch B, Fox M: Dorsal thumb skin flap for the thenar web space. In Strauch B, Vasconez LO, Hall-Findlay E (eds): *Grabb's Encyclopedia of Flaps*. Boston: Little, Brown & Co., 1990

Strauch B, Fox M: Bipedicle sliding flap. In Strauch B, Vasconez LO, Hall-Findlay E (eds): *Grabb's Encyclopedia of Flaps*. Boston: Little, Brown & Co., 1990

Strauch B, Hall-Findlay E: Dorsal sliding skin flap with Z-plasty for the thenar web. In Strauch B, Vasconez LO, Hall-Findlay E (eds): *Grabb's Encyclopedia of Flaps*. Boston: Little, Brown & Co., 1990

Dr. Strauch - Page 12

1996

Strauch B, Lang A, Ferder M, Keyes-Ford M, Freeman K, Newstein D: The ten test. *Plast Reconstr Surg*, in press, 1997

Strauch B, Keyes-Ford M: Repair of the cleft earlobe with an advancement flap and two unilateral z-plasties. *Plast Reconstr Surg*, in press, 1997

#### BOOK CHAPTERS

Strauch B, Buch W, Grey W, Laub DR: Successful treatment of methemoglobinemia secondary to silver nitrate therapy. In Huber H (ed): *Proceedings of the Third International Congress of Research in Burns*, New York: Gordon & Breach, 1970

Haimovici H, Strauch B: Use of collagenase in the management of stasis and ischemic ulcers of the lower extremities. In Mandl I (ed): *Proceedings of the Collagenase First Interdisciplinary Symposium*. New York: Gordon & Breach, 1970

Strauch B, Korngold L: The trigger wrist syndrome. In Marchac D (ed): *Transactions of the International Confederation for Plastic and Reconstructive Surgery, Sixth International Congress*, Paris, 1975

Strauch B, Terzis JK: Replantation of digits. In Lucas GL (ed): *Clinical Orthopaedics and Related Research*, vol 133. Philadelphia: JB Lippincott, 1978, pp 35-38

Terzis JK, Strauch B: Microsurgery of the peripheral nerve: A physiological approach. In Lucas GL (ed): *Clinical Orthopaedics and Related Research*, vol 133. Philadelphia: JB Lippincott, 1978, pp 39-48

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October, 1996

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MISGAV LADACH GENERAL HOSPITAL JERUSALEM

0230/94

Jerusalem, December 27, 1994

Registered mail

Mr Clare McKenna  
Legal Assistant  
BARTLETT, MC DONOUGH, BASTONE & MONAGHAN  
Attorneys at Law  
One North Lexington Ave.  
White Plains, New York 10601  
U.S.A.

RE: RONI GILADI V. MONTEFIORE MEDICAL CENTER, ET AL

Patient's Name: Roni Giladi  
Date of Birth: 03/05/52  
Social Security No: 112-64-3264

Dear Mr. McKenna,

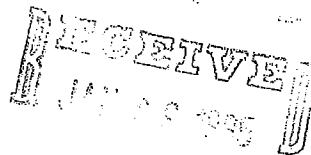
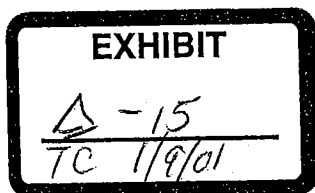
In response to your request of December 5, 1994, please find enclosed photocopies of all the documents from the medical file as well as the clinical file in their entirety.

Please note that I have been informed by Dr. Rousso the attending surgeon, that at the time Mr Giladi arranged for the development of the slide and the colored photographs taken during the operation and which clearly show the problem. The negatives are all in Mr Giladi's possession.

Please send us as soon as possible, a check for the sum of \$50 payable to the Hospital, as cover fee for locating the file, photocopying, and sending the material.

Sincerely yours,

*Rachel Ashkenazi*  
Rachel Ashkenazi



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